

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 561525

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1	1		1	
3		2		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19		1		1		1
20		1		1		1
21		1		1		1
22		1		1		1
23		1		1		1
24		1		1		1
25		1		1		1
26		1		1		1
27		1		1		1
28		1		1		1
29		1		1		1
30		1		1		1
31	1		1		1	
32		1		1		1
33		1		1		1
34		3		1		1
35		1		1		1
36		1	1		1	
37		1	1		1	
38		1	1		1	
39		1	1		1	
40		1	1		1	
41		1	1		1	
42		1	1		1	
43		1	1		1	
44	1		1		1	
45				1		1
46						1
47						1
48						1
49						1
50						1
TOTAL IND.	3	↓	12	↓		↓
TOTAL DEP.	44	←	33	←		←
TOTAL CLAIMS	47		45			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						1
52						1
53						1
54						1
55						1
56						1
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓	12	↓
TOTAL DEP.		←		←	44	←
TOTAL CLAIMS					56	